

# WICOMICO COUNTY

## Selection of Focus Area

For FY2001, following a review by the Wicomico County Health Planning Board, the public health focus areas for Wicomico County indentified were:

- ⇒ Children (emphasis on Improved Pregnancy Outcomes)
- ⇒ Cancer
- ⇒ Cardiovascular Disease
- ⇒ Addictions (emphasis on Underage Drinking)
- ⇒ Tobacco Use
- ⇒ Healthy Lifestyles



In response to the "One Maryland" economic development effort, priorities for economic development are: more sub-specialty physicians; health benefits for the working uninsured/underinsured; work site wellness/screening programs; and expansion of public sewer/water systems.

### DEMOGRAPHIC OVERVIEW

#### Estimated Population, by Race – 1998

Total .....	79,370
White .....	70.0%
Other .....	30.0%

#### Estimated Population, by Age – 1998

Under 1 .....	1,060	18-44 .....	31,590
1-4 .....	4,030	45-64 .....	16,910
5-17 .....	15,530	65+ .....	10,250

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 ..... 549.1

Infant Mortality Rate 1995-1999 ..... 8.0

Estimated Mean Household Income – 1999 ..... \$47,700

Estimated Median Household Income – 1999 ..... \$36,900

Civilian Unemployment Rate, Annual Average – 1999 ..... 4.6

#### Labor force (Top 4) – 1995

Services .....	14,100	Manufacturing .....	7,300
Retail Trade .....	9,300	Government (Federal, Military) .....	5,900

**Sources:** Maryland Vital Statistics, 1999  
Maryland Department of Planning, 1995, 1998, 1999

## **Focus Area 1 - Improve the Health and Well-Being of Women, Infants, Children and Families**

### **Problem**

The rural nature of Wicomico County limits job opportunities and access to adequate transportation. Low-income jobs often do not provide health insurance or only limited health insurance coverage. This is a major barrier to access preventative health care like preconception education and early prenatal care. Many risk factors associated with poor maternal/infant outcomes can be directly linked to access issues. In 1999, according to the Wicomico County Medicaid Program, over 470 pregnant women were determined eligible for the Maryland Children's Health Program (MCHP). This accounts for a very large proportion (45%) of the total births (1,037) in the county and is one indicator of the level of poverty in the community.

During prenatal counseling, health care providers can refer women for medical and psychosocial or support services for any identified risk factors. Early prenatal visits offer an opportunity to provide information about the adverse effects of substance abuse, including alcohol and tobacco, during pregnancy. Use of timely, high-quality prenatal care can help prevent poor birth outcomes and improve maternal health by early identification of high-risk women. Interventions/referrals to treatment may reduce the occurrence of low birth weight (LBW) infants and reduce infant mortality/morbidity. There is a national, State and local disparity of infant mortality and LBW among the African-American and white infants. There is a need to outreach and educate the African-American population of the importance of accessing early prenatal care. The current perinatal system of care serves the three Lower Shore counties. Collaboration and cooperation among private and public agencies and organizations is key to improving this system.

### **Determinants**

The Healthy People 2010 goal for infant mortality rate is 4.5 per 1,000 live births. Department of Health and Mental Hygiene (DHMH) 1998 Preliminary Vital Statistics reports the Infant Mortality Rate (IMR) at 10.6 per 1,000 for Wicomico County, an increase from the 1997 rate of 3.7 per 1,000. A slight increase in the number of deaths in 1998 dramatically increased the IMR for both the AA and white populations (19.4 and 6.3 per 1,000 respectively). The average IMR by five-year intervals between 1989-1993 (10.3) and 1994-1998 (8.4) shows a decline of 19.3% for Wicomico County. This trend closely follows the State decrease of 11.3% with a five-year rate of 8.6 per 1,000 (1994-1998). The national rate (7.2) is substantially lower.

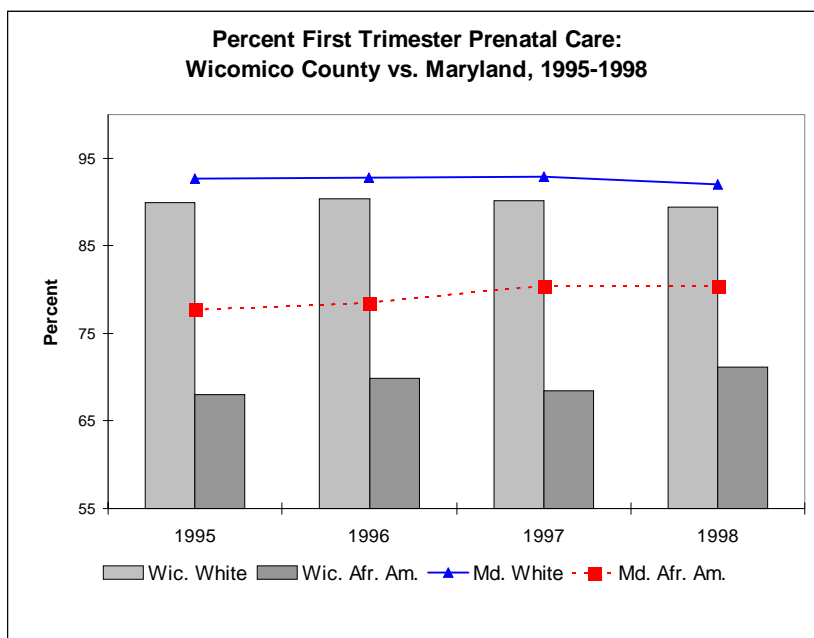
Despite declines, the African-American rate continues to be three times higher than the white rate. The three leading causes of infant death in 1998 were disorders related to short gestation, sudden infant death syndrome (SIDS), and congenital anomalies. This same trend is reflected in the state statistics. A review of matched birth/death certificates for 1999 found the number of deaths (11) and the leading cause of death unchanged from 1998.

The percent of low birth weight (LBW) infants decreased slightly for both races in 1998. In 1998, the percent of LBW for African-American births was 10.8% as compared to 6.3% for white births.

The percent of LBW for all races (8.0%) is comparable to the State percent (8.7%). The 2010 goal is 5% of total births. The AA LBW percent remains two-three times higher than the white LBW percent over a 14 year period (1985-1998).

Overall entry into first trimester of care is 82% of the total births in 1998 for Wicomico County. The Healthy People 2010 goal for first trimester care is 90% of total births. A lower percent of AA women (71%) entered early care in 1998 as compared to the white women (89%). In four years (1995-1998), AA women enter first trimester care an average of 20% less often as compared to white women.

The total number of births to adolescents (age 15 to 17) has declined since 1994. Although births to both AA and whites have declined, the number of births to white teens has decreased at a higher rate. Also, 1997 DHMH vital statistics show AA females account for only 25% of the females age 15 to 19, yet the number of births to AA teens is at least two times higher than the white teens in this county. Although teen birth rates have declined in this County, the birth rate for adolescents age 15 to 19 was still fifth highest in the state in 1997. Pregnancy rates include live births, induced abortions and fetal losses. Data on induced abortions is not available for this county. It is therefore difficult to compare this county's performance against the 2010 goal to: reduce pregnancies among females aged 15 to 17 to no more than 45 per 1,000 adolescents.



**Source:** Maryland Annual Vital Statistics Reports, 1995-1998.

### Fetal Infant Mortality Review Board (FIMR)

Over 20 issues were identified from 25 case reviews over a two-year period. The top five problems are as follows: tobacco use during pregnancy; lack of domestic violence screening upon entry into prenatal care; no health insurance coverage for the unemployed or low income family; inconsistent or lack of treatment for pregnant women with Group B beta Strep and lack of adequate sexually transmitted disease (STD) screening and treatment.

### Summary of FY1999 Maryland Prenatal Risk Assessments for Wicomico County

Health care providers must complete a prenatal risk assessment for all pregnant medical assistance (MA) recipients. Psychosocial risk factors include higher tobacco, drug, and alcohol use as compared to statewide data. The percent of housing/environmental concerns and lack of social/emotional support is two to three times higher for the County than for the State.

<b>Maternal and Infant Care Indicators for Wicomico County and the Healthy People 2010 Goal</b>		
<b>Indicators</b>	<b>Wicomico County 1998</b>	<b>Healthy People 2010</b>
Infant Mortality Rate	10.6	4.5
Percent of Low Birth Rate	8.0%	5.0%
Percent 1 <sup>st</sup> Trimester of Care	82%	90%

**Source:** Maryland Vital Statistics, 1998 and Healthy People 2010

### **Lower Eastern Shore Study (April 1, 1999 – July 31, 1999)**

Preliminary findings conclude that the women with MA had fewer visits as compared to all others. African-American women and women with MA entered care later than all others. Based on the Adequacy of Prenatal Care Utilization (APNCU) Index developed by Kotelchuck (1994), 39% of women with MA had adequate care as compared to 66% of women with all other insurance. Sixty-eight percent of white women had adequate plus initiation of care as compared to 36% of AA women and 17% of women of other races.

**Objective 1** - Reduce IMR, the percent of LBW babies and promote early entry into care through perinatal system improvements by 2010 for Wicomico County residents as measured by the Healthy People 2010 Goals.

### **Action Steps**

- ⇒ The Lower Shore Perinatal Council (LSPC) will continue to support Baby Net and Perinatal Partner programs through MOU's (memoranda of understanding) with local health care providers.
  - ❖ The Baby Net program will serve 30 pregnant qualified women annually.
  - ❖ The Perinatal Program will serve six practices and refer 100 women for services annually.
- ⇒ The Lower Shore FIMR Policy Board will select one key priority issue as identified from the Lower Shore FIMR Technical Review Report to develop and implement a regional strategy by the end of FY2002.
- ⇒ The Lower Shore FIMR Technical Board will continue to monitor systems of perinatal care in the region by conducting 15 perinatal reviews annually.
- ⇒ The Lower Shore FIMR Technical Board will provide quarterly updates to the policy board members of the results of ongoing case reviews.

- ⇒ Both FIMR Boards will report to the community on the progress of perinatal systems improvements annually.
  - ⇒ Both FIMR Boards will communicate through mutual membership the findings from each county-based Child Fatality Review Team to ensure coordinated prevention efforts.
  - ⇒ The Coalition for Healthy Youth, and the local Interagency Committee on Adolescent Pregnancy Prevention and Parenting (ICAPPP), will educate and inform the community of teen pregnancy issues and coordinate teen pregnancy prevention programs in conjunction with the Wicomico Partnership (the local management board) through the following:
    - ❖ Annual grant application for the AACT (Adults and Children Talking) campaign;
    - ❖ Ongoing development of the Web site, <http://www.aact.net>;
    - ❖ Support for continued funding and grant application for the existing teen pregnancy prevention programs, IMAGES and GEMS; and
    - ❖ Support other community-based organizations (COBs) to apply for teen pregnancy prevention grants.
- 

## Partners

Child Fatality Review Team • Coalition for Healthy Youths • Lower Shore FIMR Technical Board • Lower Shore FIMR Policy Board • Lower Shore Perinatal Council • Wicomico County Health Department

## Focus Area 2 - Reducing Underage Drinking

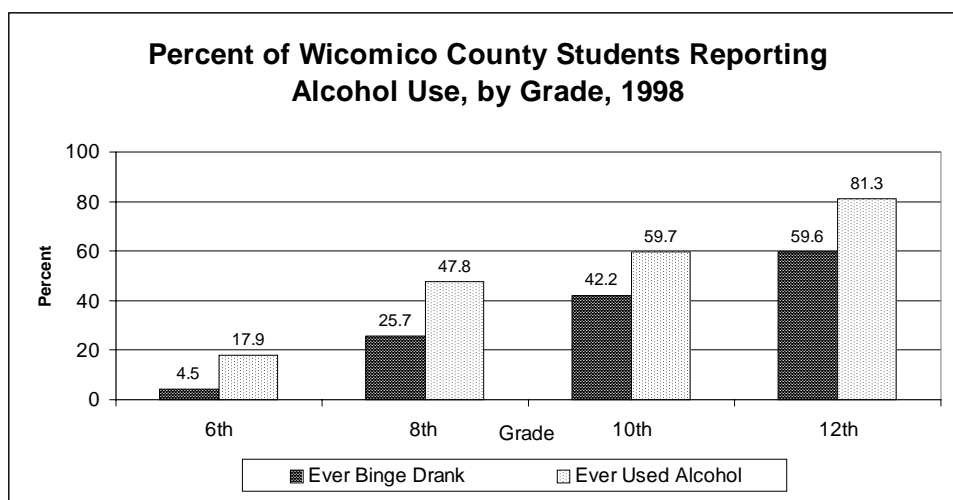
### Problem

Underage drinking is a national problem. At this time, federal monies are dispersed to the states and then to the counties to focus on this issue. Nationally and regionally, students are drinking at an earlier age. Between grade six and grade eight, students' use of beer, wine, or wine coolers in the past 30 days has almost tripled (1998 Maryland Adolescent Survey).

In Wicomico County, family events usually include the use of alcohol. It is believed that this sends a strong message to young people: to have fun, you need to drink. Adults in our community have made comments like: "It's only alcohol," "I would prefer they (speaking of their adolescents) drank at home than somewhere else," "It's better than using other drugs," "I drank when I was their age," etc. There is a need to broaden the number of people involved in the underage drinking prevention effort in Wicomico County. As more people become informed and involved in this effort at the local level, the acceptance of underage drinking should decrease.

### Determinants

According to the 1998 Maryland Adolescent Survey, the numbers of students reporting use of any form of alcohol in Wicomico County are as follows: 17.9% for sixth graders; 47.8% for eighth graders; 59.7% for 10<sup>th</sup> graders; and 81.3% for 12<sup>th</sup> graders. The data for the use of five or



Source: Maryland Adolescent Survey, 1998.

more servings of alcohol on the same occasion are as follows: 4.5% for sixth graders; 25.7% for eighth graders; 42.2% for 10<sup>th</sup> graders; and 59.6% for 12<sup>th</sup> graders. Wicomico County youth are above the state average for consumption of beer, wine, or wine coolers in sixth, eighth, and 12<sup>th</sup> grades; five or more servings of alcohol on the same occasion for eighth, 10<sup>th</sup>, and 12<sup>th</sup> grades; use of any form of alcohol in sixth, eighth, and 12<sup>th</sup> grades (Maryland Adolescent Survey, 1998).

The top problem facing children and their families in Wicomico County is drug/alcohol use (cited by participants of the 1998 Wicomico Partnership Survey). The top risk factor noted for the family was parents' acceptance of problem behaviors in children.

The results of a recent Wicomico County Alcohol, Tobacco, and Other Drugs (ATOD) Social Acceptance Telephone Survey (November/December 1999) suggests developing strategies (educational media campaign, local coalition building, etc.) to address illegal use of alcohol under the age of 21. Adults 18 and older participated in the regional survey. Adults aged 35 and under were more accepting of ATOD use than residents over 35. As age increased, acceptance of ATOD use decreased. When comparing professional versus resident responses for alcohol use statements, resident responses demonstrated significantly lower average acceptance ratings than the professionals' perception of resident acceptance.

Studies indicate that making youth and others aware of the health, social, and legal consequences associated with drug and alcohol abuse has an impact on use. Parents also play a primary role in helping their children understand the dangers of substance abuse and in communicating their expectations that drug and alcohol use will not be tolerated.

Findings suggest that having community partnerships in place for sustained periods of time produces significant results in decreasing alcohol and drug use in males. Literature shows that having "buy-in" from local participants greatly enhances the success of any endeavor. Studies also show that changing norms is extremely effective in reducing substance abuse and related problems.

**Objective 1** - By 2010, reduce the use of any form of alcohol ever used:

17.9% to 7.9% for sixth graders  
47.8% to 37.8 % for eighth graders  
59.7% to 49.7 % for 10<sup>th</sup> graders  
81.3% to 71.3 % for 12<sup>th</sup> graders.

**Objective 2** - By 2010, reduce binge drinking (five or more servings of alcohol on the same occasion):

4.5% to 2.5% for sixth graders  
25.7% to 15.7% for eighth graders  
42.2% to 32.2% for 10<sup>th</sup> graders  
59.6% to 49.6% for 12<sup>th</sup> graders.

**Objective 3** - By 2002, the post Alcohol, Tobacco, and Other Drugs Social Acceptance Telephone Survey for adults, 18 and over, will demonstrate a 10% decrease in average acceptance levels on the alcohol statements.

### Action Steps

[ ] denotes who is responsible for tasks

- ⇒ Sustain efforts of Wicomico Underage Drinking Coalition by providing staff, organization, input, facility for meetings, training, etc. [Wicomico County Health Department Drug Prevention Office]

- ⇒ Provide training to the community (Coalition Building, Needs Assessment, Program Development, Evaluation, Proposal Writing/Research, etc.). [Consultant, Wicomico County Underage Drinking Coalition, Wicomico County Health Department Drug Prevention Office]
- ⇒ Provide grant money to community groups to begin their own organizations/coalitions on underage drinking. [Wicomico County Health Department Drug Prevention Office]
- ⇒ Educate the community about underage drinking (Sexually Transmitted Diseases, AIDS, pregnancy, Violence, Binge Drinking, Date Rape Drugs, Underage Drinking Laws, etc.) by enhancing the Speaker's Bureau, developing a Web Page, developing bulleted information sheets on underage drinking, writing articles for the newspapers, etc. [Wicomico County Underage Drinking Coalition, Wicomico County Health Department Drug Prevention Office, Web Page Consultant, Speakers Bureau volunteers]
- ⇒ Develop and implement comprehensive media campaigns to target the following groups of people: adults, adults 35 and under, males (white and African-American-higher acceptance among men in Wicomico County), children and youth. [Wicomico County Underage Drinking Coalition, Wicomico County Health Department Drug Prevention Office; coordinated with local newspapers, radio and television stations]
- ⇒ Implement the Alcohol, Tobacco, and Other Drugs Social Acceptance Telephone Survey during 2002. [Wicomico County Underage Drinking Coalition, in collaboration with Salisbury State University, Wicomico County Health Department Drug Prevention Office]
- ⇒ Increase alcohol and tobacco compliance checks by local enforcement agencies. [Local Enforcement Agencies, ACTION (local tobacco coalition), Wicomico County Underage Drinking Coalition]
- ⇒ Increase enforcement efforts in giving alcohol citations. [Local Enforcement Agencies, Wicomico County Underage Drinking Coalition]
- ⇒ Educate judges on dangers and risks involved with underage drinking. [Wicomico County Underage Drinking Coalition]
- ⇒ Decrease the number of family-oriented events that serve alcohol. [Wicomico County Underage Drinking Coalition, in coordination with local civic groups and organizations]



Partners

*Wicomico Underage Drinking Coalition:* (membership includes the following areas: Prevention, Education, Treatment, Enforcement, and community members)  
Neighborhood Associations • Newspapers: The Daily Times; Salisbury News and Advertiser • Radio Stations (dependant on audience) • Salisbury Area of Property Owners Association (SAPOA) • Salisbury State University • The Salisbury Compact • Television Stations: WBOC, Channel 47, Comcast • Wicomico County Government • Wicomico County Health Department • Wicomico County School System • Wicomico County Ministerial Association • Children, Youth, Young Adults, and Adults in the Community

Related Reports

Maryland State Department of Education. (1998). *Maryland adolescent survey.*  
Wicomico Partnership for Families and Children. (1998). *Wicomico partnership survey.* More information available: <http://www.co.wicomico.md.us/partnership>.  
Wicomico County. (1999). *Wicomico alcohol, tobacco, and other drugs social acceptance survey.*

Cross-Reference Table for Wicomico County	
See Also	
Child and Adolescent Health .....	33
Substance AbuseTreatment .....	132